

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1204919

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15	
Name:			Spot Description:	
Address 1:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	W,
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On and an Name	
GSW	Permit #:			
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
Recompletion Date		Recompletion Date	County:	Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitted						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	onic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
	2	1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD Footage of Eac					cture, Shot, Cement			epth
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. F	Producing Met	hod: Pumpin	a	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

R.J. Enterprises 22082 NE Neosho RD Garnett, KS 66032

Hunley 14-A

			Start	3-7-14
3	soil	3	Finish	3-10-14
6	clay/rock	9		
49	lime	58		
<i>154</i>	shale	212		
<i>39</i>	lime	<i>251</i>		
21	shale	<i>272</i>		
2	lime	<i>274</i>		
<i>46</i>	shale	320	set 20' of 7"	
113	lime	<i>433</i>	ran 875.3	of 2 7/8
177	shale	610	cemented to	surface 84 sxs
10	lime	620		
<i>60</i>	shale	<i>680</i>		
<i>2</i> 5	lime	<i>705</i>		
<i>26</i>	shale	731		
14	lime	<i>745</i>		
17	shale	<i>762</i>		
3	lime	<i>765</i>		
15	shale	780		
7	lime	<i>7</i> 87		
<i>13</i>	shale	800	_	
8	sandy shale	808	odor	
<i>39</i>	Bkn sand	<i>847</i>	good show	
4	Dk sand	851	show	
<i>30</i>	shale	881	T.D.	

1 - Merchant Copy

\$11480.88	TOTAL			-		And the state of the party of t			-		
815.88	0.00 Sales tex	10665.00 0.00 g	Taxable Non-taxable Tax#		IN GOOD CONDITION	BECEIVED COMPLETE WID IN COCID CONDITION	X RECEN	×			
						THE SON COLL	ł				
\$10665.00	Salas total	0		DRIVER	DATE SHIPPED	CHECKED BY D	AB CHIE				
5934.60	10.9900	10.9900 BvG			NENT-94#	PORTLAND CEMENT-94#	P	CPPC		540.00 P. BAG	540.00
4250.40	15.0000	7.5900 BAG 15.0000 PL		۵,	LBS PER BAG	FLY ASH MIX 80 LBS PER BAG MONARCH PALLET	<u> </u>	CPKA	BAG	560.00 P	560.00
EXTENSION		1	Alt P		DESCRIPTION	DESC	##	ITEM#	MV	SHP	ORIDER
201.1	1=	1									
нтв		By:	Order By:		, S	Customer PO:		57	00003	Customer #: 0000357	
					(785) 448-6995						
		SE	NOT FOR HOUSE USE	Ship To: CEMENT 3-6995 NOT FOR	Ship To: (785) 448-6995		N Z	ROGER KENT 22082 NE NEOSHO RD GARNETT, KS 85032	OGER K 1082 NE ARNETT	Sold To: ROGER KENT 22082 NE NEO GARNETT, KS	
	04/08/14	Due Date:	9:	Acct rep code:	>				MKE.	Saig rep #: MIKE	
	Ship Date: 03/05/14 Invoice Date: 03/05/14	Ship Date: Invoice Date								Special	
	15:30:03	Tima									

Special Page: 1 Sold To: ROGER KENT 22082 NE NEOSHO RD GARNETT, KS 66032 Sale rep #: MIKE GARNETT TRUE VALUE HOMECENTER 410 N Maple Garnett, KS 66032 {785} 448-7106 FAX {785} 448-7135 Ship To: ROGER KENT (785) 448-6995 NOT FOR HOUSE USE (785) 448-6095 Invoice: 10208261 Time: 15:30:28
Sinj Date: 03/05/14
Invoice Date: 03/05/14
Due Date: 04/08/14 Merchant Copy
CREDIT INVOICE

MERCHANT AT ALL TIMES!

CREDIT

ORDER -32.00

-32.00 P PL CPMP

MONARCH PALLET
Credited from invoice 10208239

WN 1 AHS

ITEM#

Customar #: 0000357

Customer PO: DESCRIPTION

Order By: Alt Price/Uom 15.0000 PL

PRICE 15,0000

EXTENSION
20 -480.00

Page: 1

Invoice: 10208239

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

GARNETT TRUE VALUE HOMECENTER 410 N Maple Garnett, KS 66032 (785) 448-7106 FAX (785) 448-7135

1 - Merchant Copy

SHIP VIA ANDERSON COUNTY

RECEIVED COMPLETE AND IN GOOD CONDITION

Taxable Non-taxable Tax #

-480.00 0.00 Sales tax

-36.72

TOTAL

\$-516.72

FILLED BY

CHECKED BY DATE SHIPPED

DRIVER

Sales total

\$-480.00